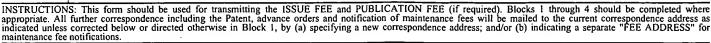
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

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ICCITE EEE

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Sarah E. Gundert	(Depositor's name)
Sarah E. Sumlest	(Signature)
February 13, 2004	(Date)

TOTAL FEE(S) DUE

DATE DUE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/619,873	07/15/2003	Calin I. Ciobanu	BEARM-093A	7476

TITLE OF INVENTION: MULTI-STAGE VARIABLE ORIFICE FLOW OBSTRUCTION SENSOR

SMALL ENTITY

APPLN. TYPE	SMALL ENTITY	1220F F	EE	PUBLICATION FEE	TOTAL FE	E(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$16	i30	03/24/2004
EXA	MINER	ART UN	lT	CLASS-SUBCLASS]		
MACK, COREY D		2855		073-861520	-		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Fee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		names of agents Ol firm (hav agent) an	nting on the patent front page, up to 3 registered patent a R, alternatively, (2) the name ing as a member a registered d the names of up to 2 regist or agents. If no name is liste inted.	of a single attorney or tered patent	STETINGARRED	B RUNDA & BRUCKER	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

VIASYS Healthcare, Critical Care Division

Yorba Linda, California

DUDI ICATION EEE

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
☑ Issue Fee	A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.				
2 Publication Fee					
Ճ Advance Order - # of Copies10	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.	02 FC:1504 03 FC:8001	30.00	
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